PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/599224

CLAIMS AS FILED - PART I

| | | | (Column 1) (Column 2) | | | _ | SMALL ENTITY | | | OR LARGE ENTITY | |
|---|--|---|-----------------------|---|------------------|-----|-------------------|------------------------|----|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BAS | SIC FEE | | OR | BASIC FEE | \$300 |
| EXAMINATION FEE | | | | | | EXA | M. FEE | | | EXAM. FEE | \$200 |
| SEARCH FEE | | | | | | SEA | RCH FEE | | | SEARCH FEE | \$400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = / | | / 50 = | × | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 13 minu | ıs 20 = | 0 = | | (\$ 25 = | | OR | X \$ 50 = | \$0 |
| INDEPENDENT CLAIMS | | | 2 min | nus 3 = | | × | \$ 100 = | | OR | X \$ 200 = | \$0 |
| MULTIPLE DEPENDENT CLAIM PRE | | | SENT | , | | + | \$ 180 = | i | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in colum | | | | | lumn 2 | | TOTAL | | OR | TOTAL | \$900 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL E | NTITY | OR | OTHER 1 | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | × | (\$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | × | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPEN | NDENT CLAIM | | + | \$ 180 = | | OR | + \$ 360 = | |
| | - | | | | | TO | TAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X | (\$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | × | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TO | TAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.